

Name  
in  
Full

CERTIFICATE OF DEATH

Harvey Bailey

Town

County

MARYLAND

Died at

Easton

Talbot

Date

of death 19010 Apr

Month

Day

15

Age

Years

2

Months

Days

Sex

Male

Color or  
Race

Black

Birth-  
place

Easton

Occupation

X

Where Residing if not  
at place of death

r

Married, Single  
or Widowed

X

Name of Wife or  
Husband

X

Father's  
Name

John Green

Father's  
Birthplace

Talbot Co

Mother's  
Maiden Name

Sallie Bailey

Mother's  
Birthplace

Talbot Co

Name of person giving  
Information

Sallie Bailey

How related  
to deceased

Moche

CAUSES OF DEATH

Primary

Fall out of bed & cut his lip, which  
Blood Poison became infected

How long

1 wk

Immediate

S. Exhaustion

How long

few days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Chas J D Anderson

Address

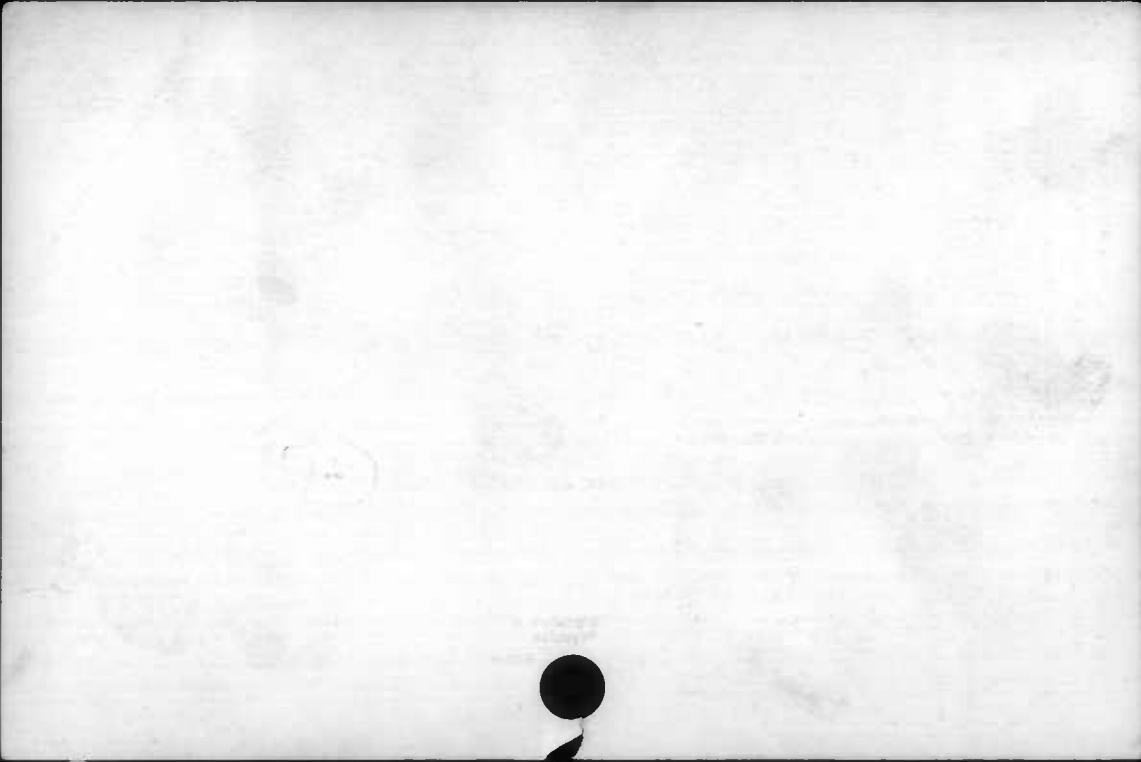
Easton Md

Accident or Suicide

9

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

Harvey E Banton

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at near Easton Talent County  
Date of death 1901 Apr 22 Age 57 Months 1 Days 1  
Sex Female Color or Race Black Birth-place Talent  
Occupation cook Where Residing if not at place of death  
Married, ~~Single~~ Single Name of Wife or Husband Janus Banton  
Father's Name William Banton Father's Birthplace Talent  
Mother's Maiden Name Anna Jackson Mother's Birthplace Logansport  
Name of person giving Information Jan Banton How related to deceased Hearted

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Mitral regurgitation & not known How long  
Immediate Heart failure Immediate  
Are the name, age, sex, color, date and place correctly given above? Yes  
Signature of Physician J. H. Wilson Address Easton, Md.  
Accident or Suicide No

Loytown

Name  
in  
Full

Mack M. Blake

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Unionville <sup>Town</sup> Talbot <sup>County</sup> MARYLAND

Date of death 1910 <sup>Month</sup> 4 <sup>Day</sup> 12 <sup>Years</sup> 45 <sup>Months</sup> 8 <sup>Days</sup> 3

Sex Male Color or Race Colored Birth-place Talbot Co.

Occupation Laborer Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed Married Name of Wife or Husband Phyllis Blake

Father's Name James H. Blake Sr. Father's Birthplace Talbot Co.

Mother's Maiden Name Hennie Money Mother's Birthplace " "

Name of person giving Information James H. Blake Jr. How related to deceased Brother

## CAUSES OF DEATH

Primary Tuberculosis 27 <sup>How long</sup> One year's

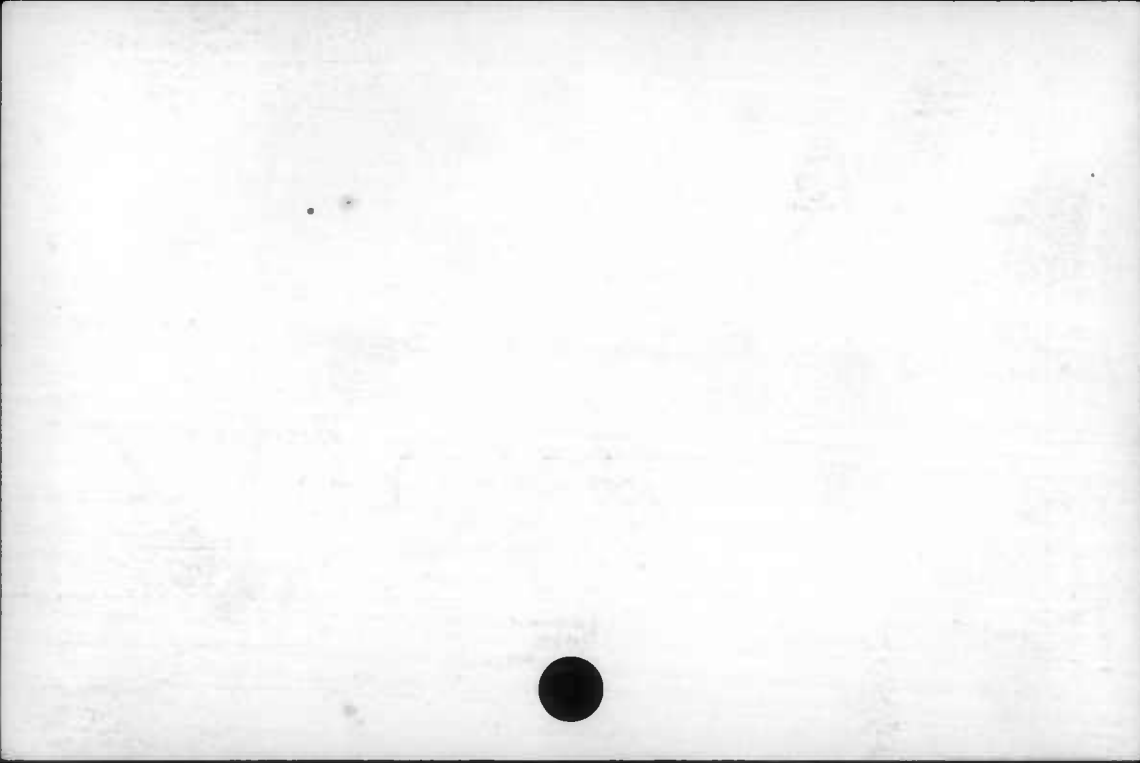
Immediate Heart failure <sup>How long</sup> Immediate

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician S. J. Williams

Address Easton, Md.

Accident or Suicide No

PHYSICIAN  
OR CORONER



Name  
in  
Full147555-10  
CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

James Brownwell  
Town Trappe County Talbot

Date

Month Day Years Months Days  
of death 1900 Apr. 8 Age 6

Sex

male

Color or  
Race

Colored

Birth-  
place

Trappe

Occupation

Infant

Where Residing if not  
at place of death

✓

Married, Single  
or Widowed

✓

Name of Wife or  
Husband

✓

Father's  
Name

George Brownwell Jr.

Father's  
Birthplace

Talbot Co.

Mother's  
Maiden Name

Sarah E. Leamper

Mother's  
Birthplace

Talbot Co.

Name of person giving  
InformationGeorge X Brownwell  
MarkHow related  
to deceased

Father

CAUSES OF DEATH

1089

✓

Primary

Intussusception

How long

4 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

William S. Seymour

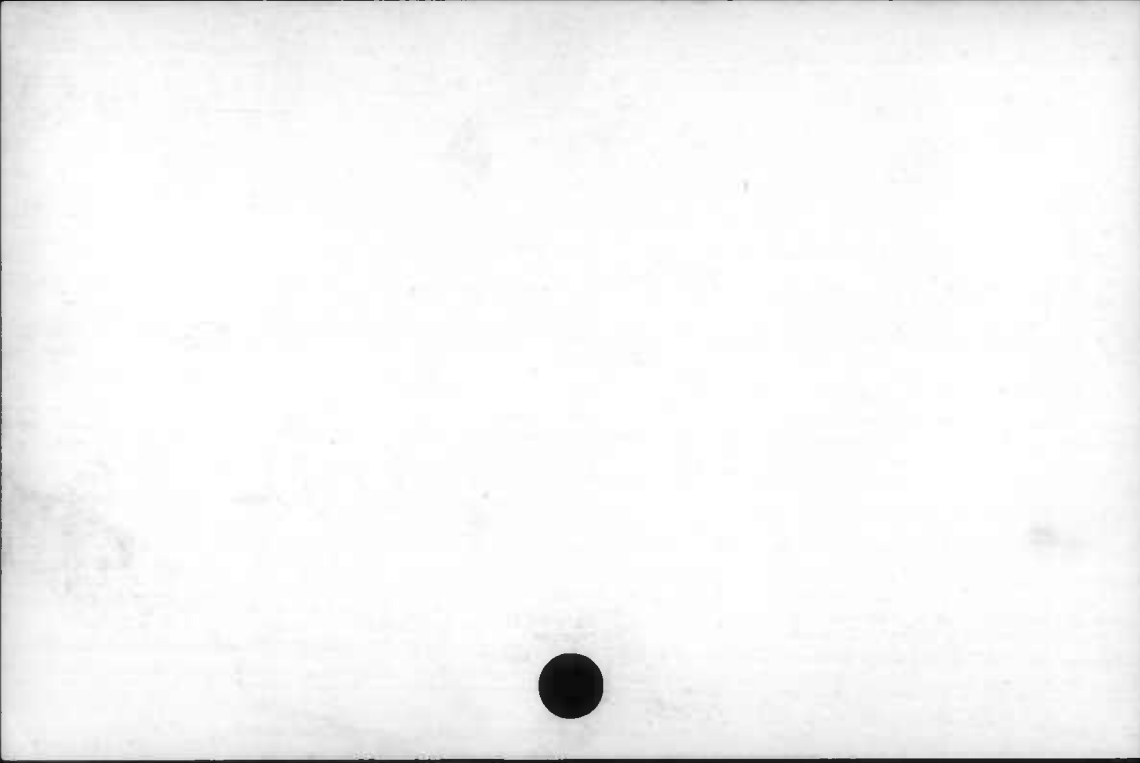
Address

Trappe Md

Accident or Suicide

no

PHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

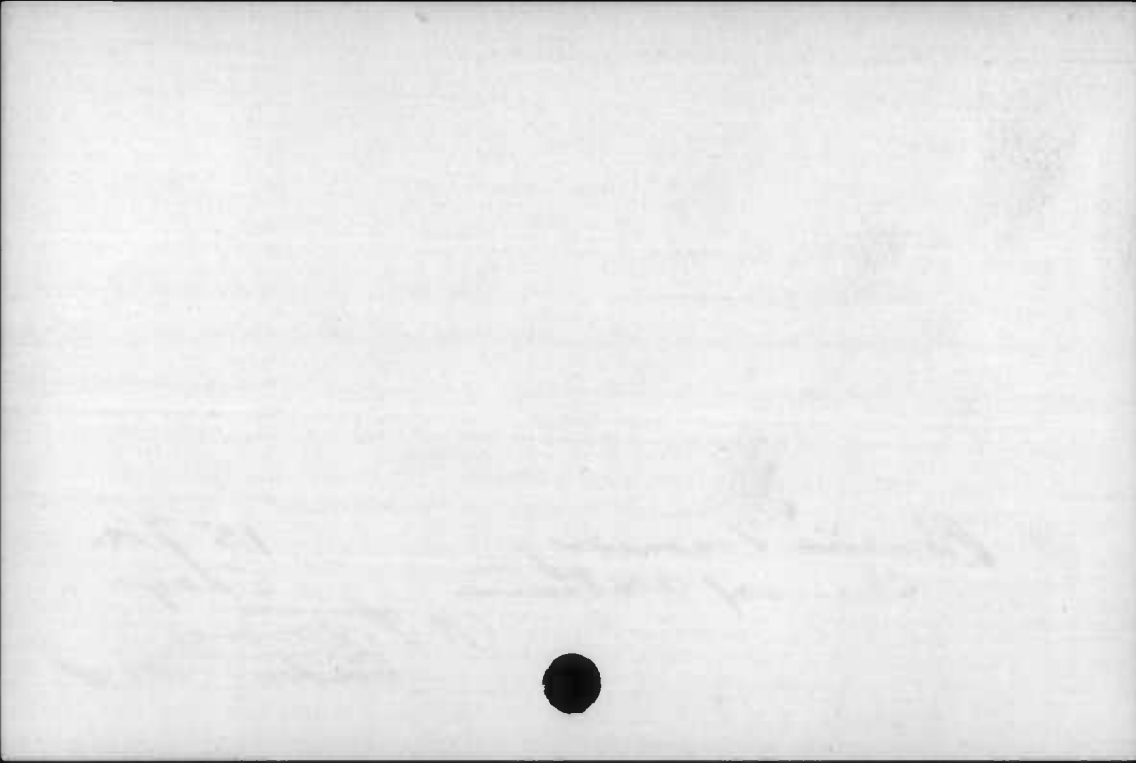
Died at <i>Matthews</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death <i>1900</i>	Month <i>Apr</i>	Day <i>11</i>	Age <i>74</i>	Months <i>5</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>N. York</i>			
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>Matthews</i>				
Married, Single, or Widowed <i>Married</i>	Name of Wife or Husband <i>Charlotte Amelia Brown</i>				
Father's Name <i>Clark Brown</i>	Father's Birthplace				
Mother's Maiden Name <i>Lucy Edmonds</i>	Mother's Birthplace				
Name of person giving information <i>Charlotte Amelia</i>	How related to deceased <i>Wife</i>				

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Heart Disease</i>	How long <i>Several years</i>
Immediate <i>Heart Failure</i>	How long <i>a few minutes</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. M. Satter</i>
<i>No Physician on Duty</i>	Address <i>Corroborated</i>
Accident or Suicide? <i>Same</i>	<i>med</i>



Name  
in  
Full

Fannie Burkett

CERTIFICATE OF DEATH

Town  
Easton

County  
Tallbot

MARYLAND

Died at

Date

of death 1900

Month

4

Day

20

Years

Age 59

Months

Days

TO BE ANSWERED BY  
NEAREST FRIEND

Sex

Female

Color or  
Race

White

Birth-  
place

Caroline Co

Occupation

Housewife

Where Residing if not  
at place of death

Married, Single  
or Widowed

Married

Name of Wife or  
Husband

J. Fred Burkett

Father's  
Name

Charles Perry

Father's  
Birthplace

Caroline

Mother's  
Maiden Name

Fannie Perry

Mother's  
Birthplace

Caroline

Name of person giving  
Information

James L. Burkett

How related  
to deceased

Son

CAUSES OF DEATH

74

PHYSICIAN  
OR CORONER

Primary

Brain Tumor

How long

15 yrs.

Immediate

Senile Atrophy

How long

6 days.

Are the name, age, sex, color, date  
and place correctly given above?

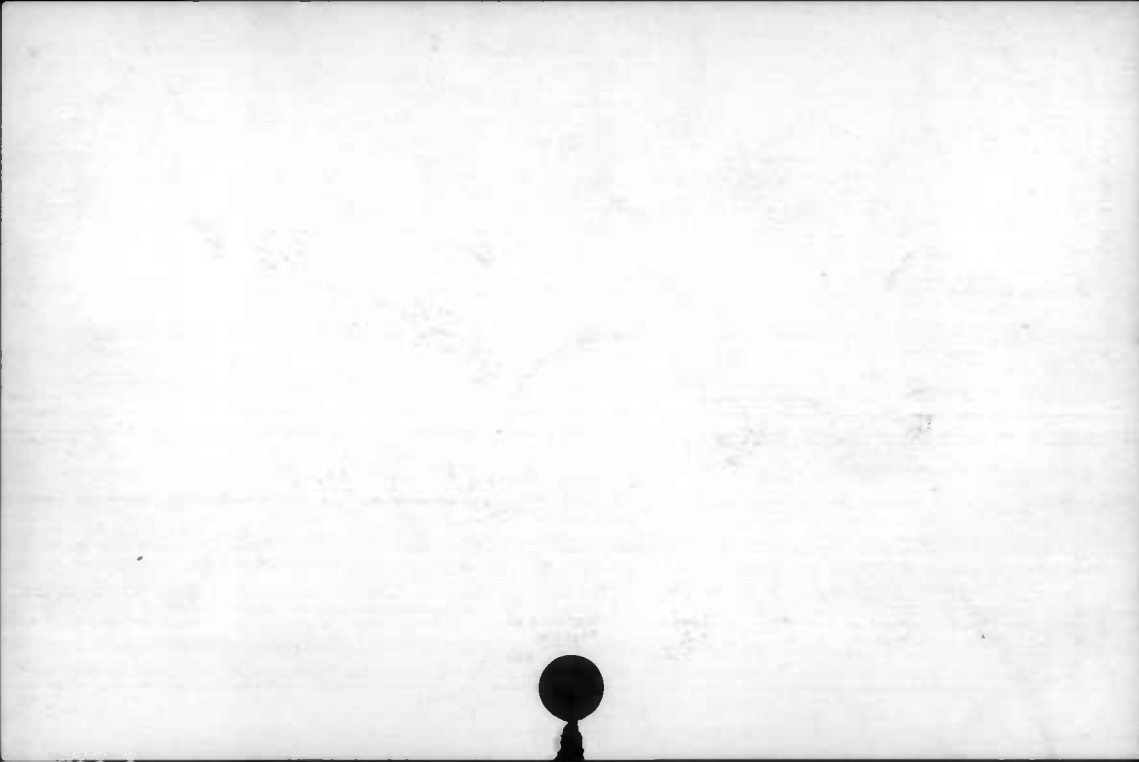
Signature of  
Physician

B. L. Traversy

Address

Easton, Md.

Accident or Suicide



Name in Full		Dorothy F. Chaplain				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Euston</u> <small>Town</small>		<u>Talbot</u> <small>County</small>		MARYLAND	
		Date of death <u>1990</u> <small>Month</small> <u>apr</u> <small>Day</small> <u>22.</u> <small>Years</small> <u>73.</u>		<u>Months</u>		<u>Days</u>	
		Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Talbot Co Md</u>	
		Occupation <u>Domestic</u>		Where Residing if not at place of death			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Solomon I Chaplain</u>			
		Father's Name <u>Frederican Roll</u>		Father's Birthplace <u>England</u>			
Mother's Maiden Name <u>Mary Marshall</u>		Mother's Birthplace <u>Talbot Co Md.</u>					
Name of person giving information <u>John T. Chaplain</u>		How related to deceased <u>Son</u>					
		CAUSES OF DEATH		(104) ✓			
PHYSICIAN OR CORONER		Primary <u>Gastrointestinal</u>		How long <u>1 or 2 years</u>			
		Immediate <u>Asplenia, old age</u>		How long <u>3 or 4 weeks</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Samuel L. Lippert</u>			
				Address <u>Royal Oak Md</u>			
		Accident or Suicide? <u>9</u>					

1880-1881

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Name in Full		Town		County		MARYLAND	
Died at		Bryman		Talbot			
Date of death		190	Month	Day	Age	Years	Months
		10	Apr	7	69	6	23
Sex		Female		Color or Race		White	
Occupation		Housewife		Birth- place		Bryman	
				Where Residing if not at place of death		Same	
Married, Single or Widowed		Married		Name of Wife or Husband		John T. Cooper	
Father's Name		Thomas Pedrum		Father's Birthplace		Talbot Co.	
Mother's Maiden Name		Annie Harris		Mother's Birthplace		Talbot Co.	
Name of person giving Information		John T. Cooper		How related to deceased		Husband	
				(189)			

## CAUSES OF DEATH

Primary		How long	
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Dr. J. B. Smith	
		Address	
		St. Michaels	
Accident or Suicide			





Name  
in  
Full

Mrs. Nancy J. Cummings

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

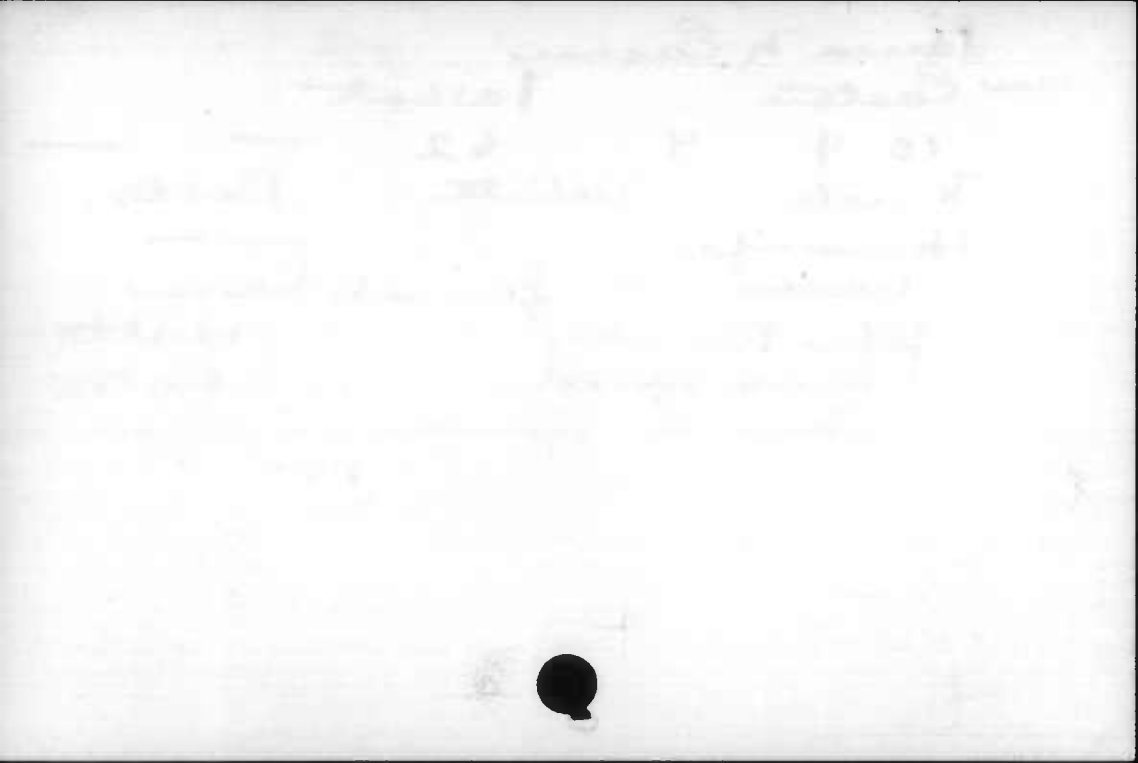
Died at <u>Tilghman</u> <sup>Town</sup>		<u>Salisbury</u> <sup>County</sup>		MARYLAND	
Date of death 19 <u>60</u> <u>April</u> <sup>Month</sup> <u>7</u> <sup>Day</sup>		Age <u>69</u> <sup>Years</sup>		<u>2</u> <sup>Months</sup> <u>23</u> <sup>Days</sup>	
Sex <u>Female</u>		Color or Race <u>White</u>		Birth-place <u>Nittman, Md</u>	
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Tilghman Md</u>			
Married, Single or Widowed <u>Married</u>		Name of <del>the</del> Husband <u>Thomas Pinkney Cummings</u>			
Father's Name <u>Richard Storitz</u>		Father's Birthplace <u>Dorchester Co Md</u>			
Mother's Maiden Name <u>Caroline Harrison</u>		Mother's Birthplace <u>Bozman</u>			
Name of person giving Information <u>Thos P. Cummings</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

120 ✓

PHYSICIAN  
OR CORONER

Primary <u>Atherosclerosis</u>	How long <u>2 yrs</u>
Immediate <u>Myocardia</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. Kennedy Wilson</u>
<u>9</u>	Address <u>Tilghman</u>
Accident or Suicidal <u>No</u>	



Name  
in  
Full

Laura H. Eason

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

near *Easton* Town

*Talbot* County

MARYLAND

Date

of death 19*10*

Month

*4*

Day

*9*

Age

Years

*62*

Months

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Balto.*

Occupation

*Housewife*

Where Residing if not  
at place of death

Married, Single  
or Widowed

*Widow*

Name of Wife or  
Husband

*James Eason*

Father's  
Name

*John Rumbery*

Father's  
Birthplace

*Balto*

Mother's  
Maiden Name

*Ruba Hilton*

Mother's  
Birthplace

*Balto*

Name of person giving  
Information

*Mrs. E. Spencer*

How related  
to deceased

*stepdaughter*

CAUSES OF DEATH

Primary

*Diabetes*

How long

*Ten years*

Immediate

*Ra Grippi*

How long

*Six days*

Are the name, age, sex, color, date  
and place correctly given above?

*yes*

Signature of  
Physician

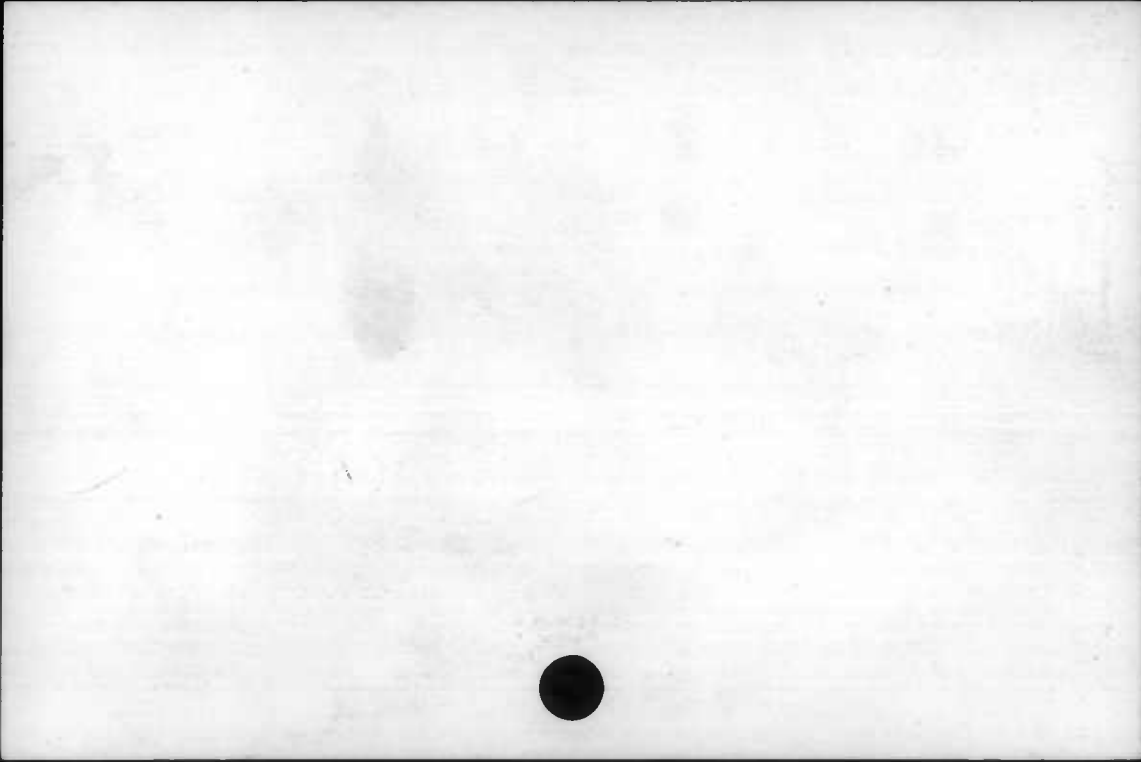
Address

*J. A. Stevens*  
*Easton*

Accident or Suicide

*No*

*Med*



Name  
in  
Full

Raisin Harrison Gale

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> *Queen Anne* <sup>County</sup> *Lalbat* **MARYLAND**

Date of death <sup>Month</sup> *April* <sup>Day</sup> *7* <sup>Years</sup> *Age 66* <sup>Months</sup>  <sup>Days</sup>

Sex *Male* Color or Race *White* Birth-place *Kent Co, Ind.*

Occupation *Painter* Where Residing if not at place of death *at home*

Married, Single or Widowed *married* Name of Wife or Husband *Indiana Gale*

Father's Name *Don't know.* *Gale* Father's Birthplace *Ind.*

Mother's Maiden Name *Don't know.* Mother's Birthplace

Name of person giving Information *Clarence Edgson Gale* How related to deceased *Son*

CAUSES OF DEATH

**189**

PHYSICIAN  
OR CORONER

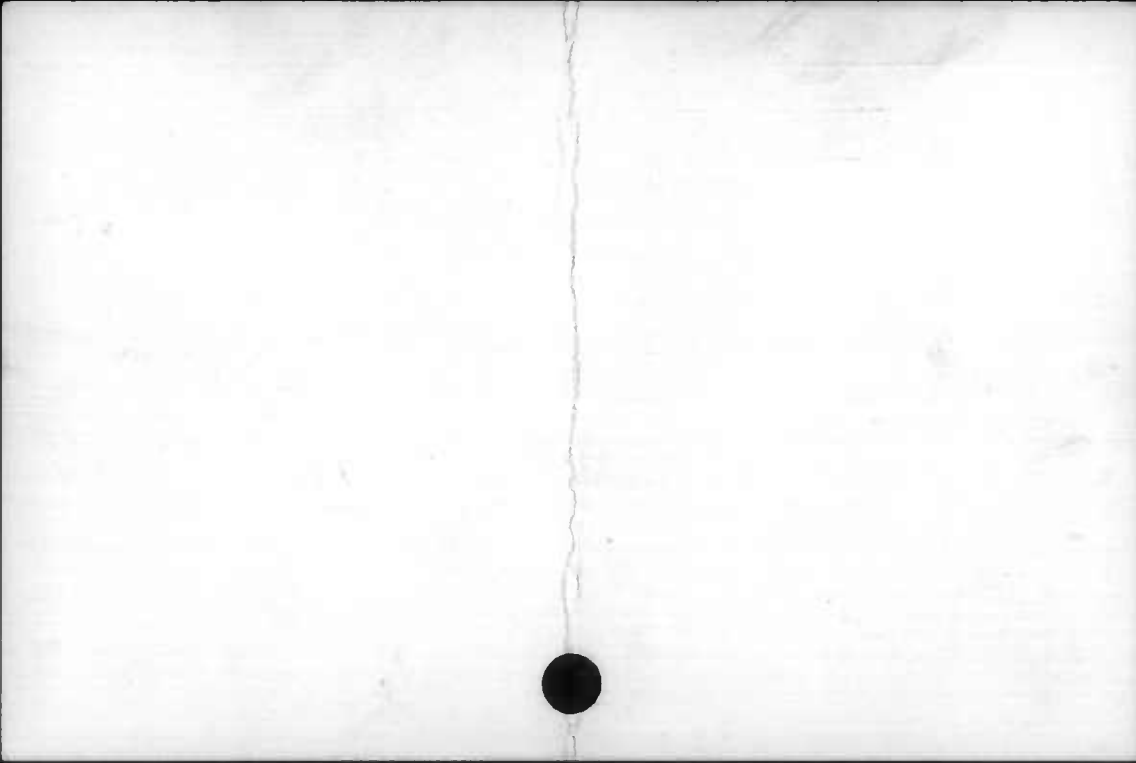
Primary *Went to bed on night of 4.6.40 complained of* <sup>How long</sup>

Immediate *being tired was found next morning dead* <sup>How long</sup>

Are the name, age, sex, color, date and place correctly given above? *yes.*

Signature of Physician *R. Hackett, M.D.* Address *Queen Anne Ind.*

Accident or Suicide *Th'k not*



Name  
in  
Full

Ruth Josephine Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Near Easton</u>		County <u>Talbot</u>		MARYLAND	
Date of death <u>1910</u>	Month <u>4</u>	Day <u>24</u>	Age <u>2</u>	Months <u>1</u>	Days <u>18</u>
Sex <u>Female</u>	Color or Race <u>African</u>		Birth-place <u>Wash. D.C.</u>		
Occupation <u>none</u>			Where Reaiding if not at place of death _____		
Married, Single or <del>Widowed</del>			Name of Wife or Husband _____		
Father's Name <u>John E. Harris</u>			Father's Birthplace <u>Talbot Co. Md.</u>		
Mother's Maiden Name <u>Lulu Lilghman</u>			Mother's Birthplace <u>Talbot Co. Md.</u>		
Name of person giving Information <u>Wm E. Harris</u>			How related to deceased <u>Uncle</u>		

## CAUSES OF DEATH

146

PHYSICIAN  
OR CORONER

Primary	<u>Rachitis</u>	How long	<u>Over a year</u>
Immediate	<u>Exhaustion</u>	How long	<u>One month</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>D. Henry Wellson</u>	
		Address <u>Easton Md</u>	
Accident or Suicide <u>No</u>			





Name  
in  
Full

CERTIFICATE OF DEATH

William James Jones

MARYLAND

Died at

Wittman

Talbot Co.

Date

of death

1910

Month

4

Day

21

Age

78

Months

Days

Sex

M.

Color or  
Race

W.

Birth-  
place

Talbot Co.

Occupation

Oysterman

Where Residing if not  
at place of death

Place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

Father's  
Name

Benjamin Jones

Father's  
Birthplace

Talbot Co

Mother's  
Maiden Name

Julie Marshall

Mother's  
Birthplace

Talbot Co

Name of person giving  
Information

Albie P Jones

How related  
to deceased

Cousin

CAUSES OF DEATH

Primary

General Debility

How long

Two years

Immediate

Cardiac asthenia

How long

Two days

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Address

Louis H. Seth.  
McDaniel  
Ind.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

J. C. Kinner

Name  
in  
Full

Margaret Kirby  
Easton Town Tallbot County

CERTIFICATE OF DEATH

MARYLAND

Died at  
Date of death 1910 4 13 Age 9 3  
Month Day Years Months Days

Sex Female Color or Race White Birth-place Tallbot Co.

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name E. P. Kirby Father's Birthplace Tallbot Co.

Mother's Maiden Name Sallie M. Sanders Mother's Birthplace 4

Name of person giving Information E. P. Kirby How related to deceased Father

CAUSES OF DEATH

Primary Pertussis How long 2 wks  
& exhaustion How long few days

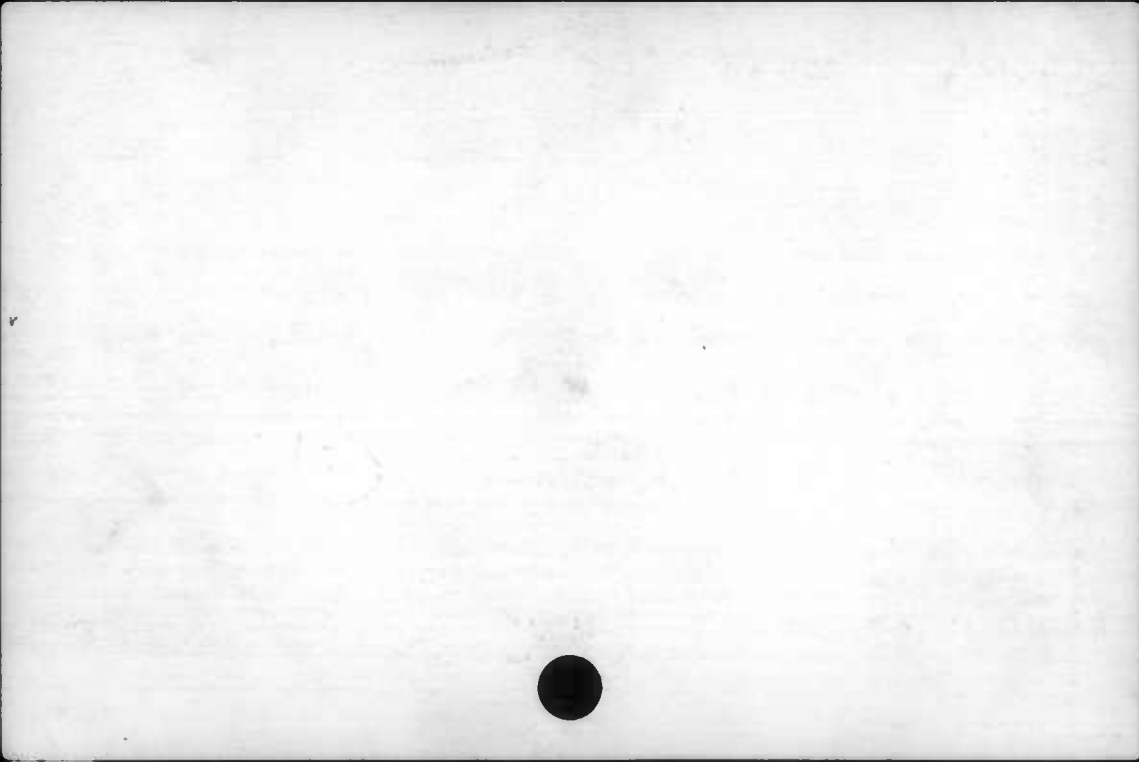
Immediate  
Are the name, age, sex, color, date and place correctly given above? 740

Signature of Physician Chas J. Dr. Address Easton Md

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

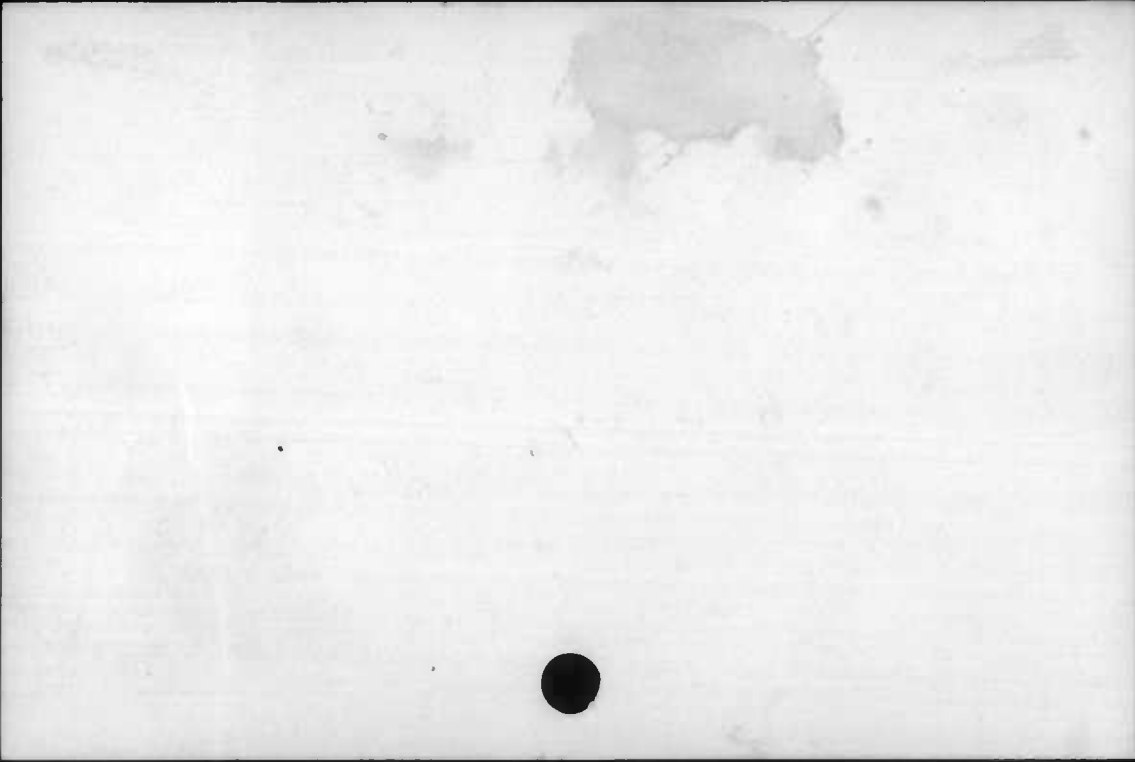
Name <i>Maggie E Lowery</i>		Town <i>Royal Oak</i>		County <i>Talbot</i>		MARYLAND	
Died at		Date of death <i>1908</i>		Age <i>45</i>		Months Days	
Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Talbot comd</i>			
Occupation <i>Domestic</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>B F Lowery</i>					
Father's Name <i>Wilson Burke</i>		Father's Birthplace <i>Talbot comd</i>					
Mother's Maiden Name <i>Matalene Burke</i>		Mother's Birthplace <i>Talbot comd</i>					
Name of person giving information <i>B F Lowery</i>		How related to deceased <i>Husband</i>					

## CAUSES OF DEATH

42

PHYSICIAN  
OR CORONER

Primary <i>Cancer of womb</i>		How long <i>3 or 4 years</i>	
Immediate <i>Anemia perniciosa</i>		How long <i>2 weeks</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Samuel B. Trippe</i>	
Address <i>Royal Oak, Md.</i>			
Accident or Suicide? <i>No</i>			



Name  
in  
Full

Gertrude McQuay

## CERTIFICATE OF DEATH

Died at Easton Town

Talbot County

MARYLAND

Date

of death 1960

Month

April

Day

15

Age

Years

8

Months

Days

Sex

Female

Color or  
Race

Black

Birth-  
place

Talbot County

Occupation

Where Residing if not  
at place of death

Chaple

Married, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Fred McQuay

Father's  
Birthplace

Talbot Co

Mother's  
Maiden Name

Mrs Fred McQuay

Mother's  
Birthplace

" "

Name of person giving  
Information

John W. Grace

How related  
to deceased

—

## CAUSES OF DEATH

Primary

Choking caught on fire while alone in the house -

How long

Burned accidental

Entire body

2 Hours

How long

Face burned

2 Hours

Immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

John B Fairbank  
Easton Md. Coroner

Accident or Suicide

accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Rachel Hester Anna Mackenray*

Died *near* *Talbot* *Talbot* *MARYLAND*

Date of death *1900* *4* *29* Age *34* Months *—* Days *—*

Sex *Female* Color or Race *negro* Birth-place *Talbot Co Md*

Occupation *Housewife* Where Residing if not at place of death *—*

Married, Single or Widowed *married* Name of ~~Wife or~~ Husband *Charles Centennial Mackenray*

Father's Name *Unknown* Father's Birthplace *—*

Mother's Maiden Name *Annie Brummett* Mother's Birthplace *Talbot Co Md*

Name of person giving Information *Chas C Mackenray* How related to deceased *Husband*

## CAUSES OF DEATH

Primary *Euremonia of bowell.* How long *6 months*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of Physician

Address

*Joseph A Rose Md*  
*Talbot Md*

Assistant or Substitute



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mary Rana Muelikun*  
Town *Virbham* County *Talbot*

MARYLAND

Died at *Virbham*

Date

of death *1900*

Month

*4*

Day

*20*

Years

Age *47*

Months

*—*

Days

*6*

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Talbot Co.*

Occupation

*Housewife*

Where Residing if not  
at place of death

*—*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*James T. Muelikun*

Father's  
Name

*Edward Larrimore*

Father's  
Birthplace

*Talbot Co.*

Mother's  
Maiden Name

*Mary Rana Larrimore*

Mother's  
Birthplace

*Talbot Co.*

Name of person giving  
Information

*James T. Muelikun*

How related  
to deceased

*Son*

CAUSES OF DEATH

Primary

*Cancer of breast*

How long

*28* *3 or 4 yrs*

Immediate

*Tuberculosis*

How long

*9 months*

Are the name, age, sex, color, date  
and place correctly given above?

*Yes*

Signature of  
Physician

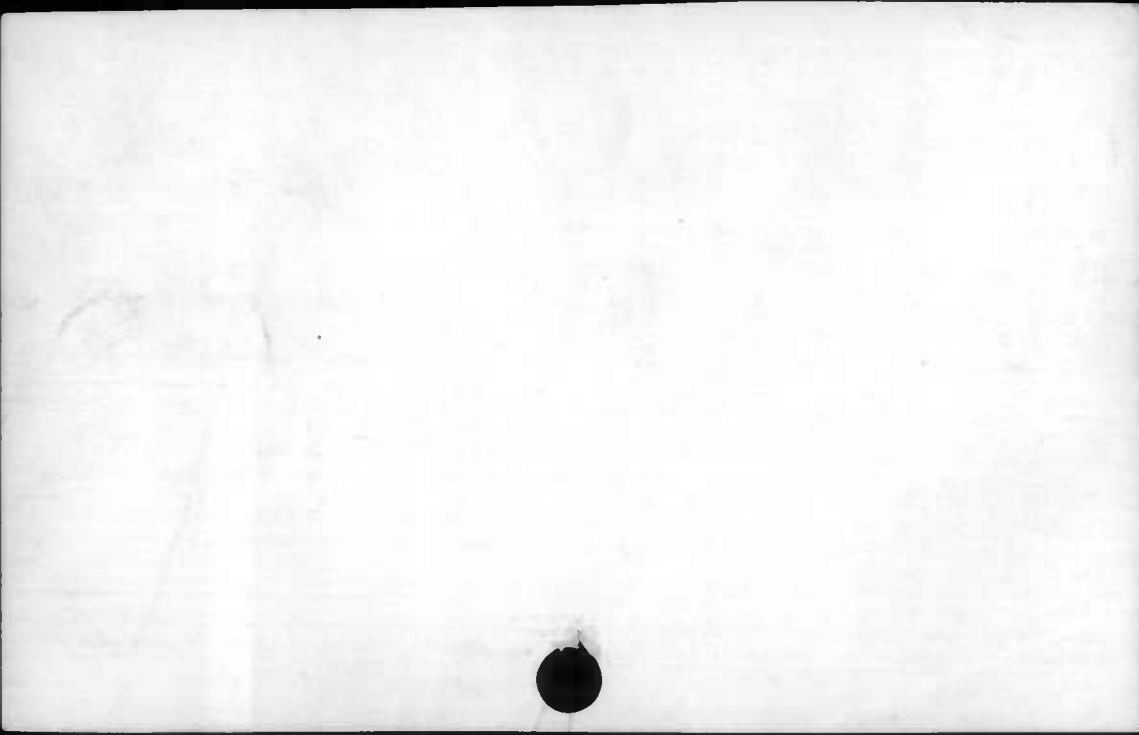
*Samuel C. Tucker*

Address

*Royal Oak, Md*

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

CERTIFICATE OF DEATH

Joseph H. Murrain

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		Apr	5	66	1	10	
Sex	Male		Color or Race	White		Birth-place	Mar Royce Oak
Occupation	U. S. Lewis Sellen		Where Residing if not at place of death		Roxboro Md		
Married, Single or Widowed	married		Name of Wife or Husband		Mary E. Murrain		
Father's Name	William Murrain				Father's Birthplace	Royal Oak Md	
Mother's Maiden Name	Sarah Bartlett				Mother's Birthplace	Mar Royce Oak Md	
Name of person giving information	Howard M. Murrain				How related to deceased	Son	

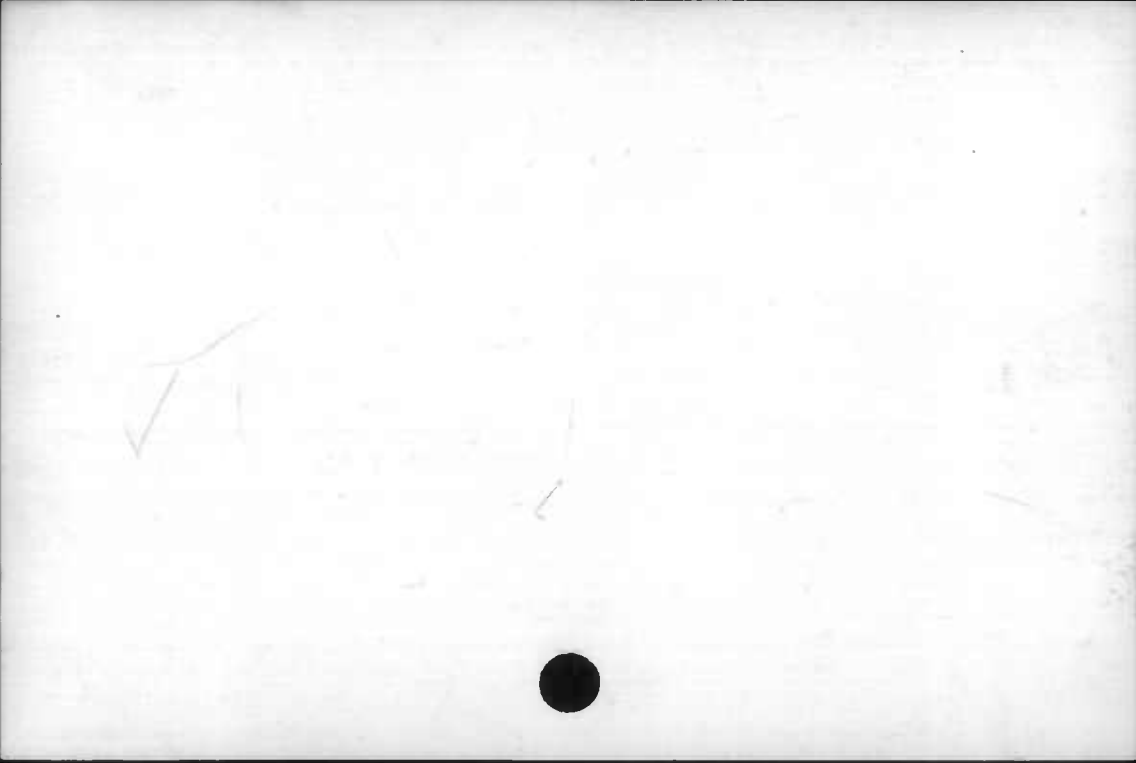
TO BE ANSWERED BY  
NEAREST FRIEND

CAUSES OF DEATH

79 V

Primary	Valvular heart trouble		How long	80 or 10 years
Immediate	Dropy & Congestion of Portal System		How long	2 or 3 days
Are the name, age, sex, color, date and place correctly given above?		Yes		
Signature of Physician		Samuel C. Tripper		
Address		Royal Oak, Md		
Accident or Suicide				

PHYSICIAN  
OR CORONER



Name  
in  
Full

Nancy Sherwood Ozman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

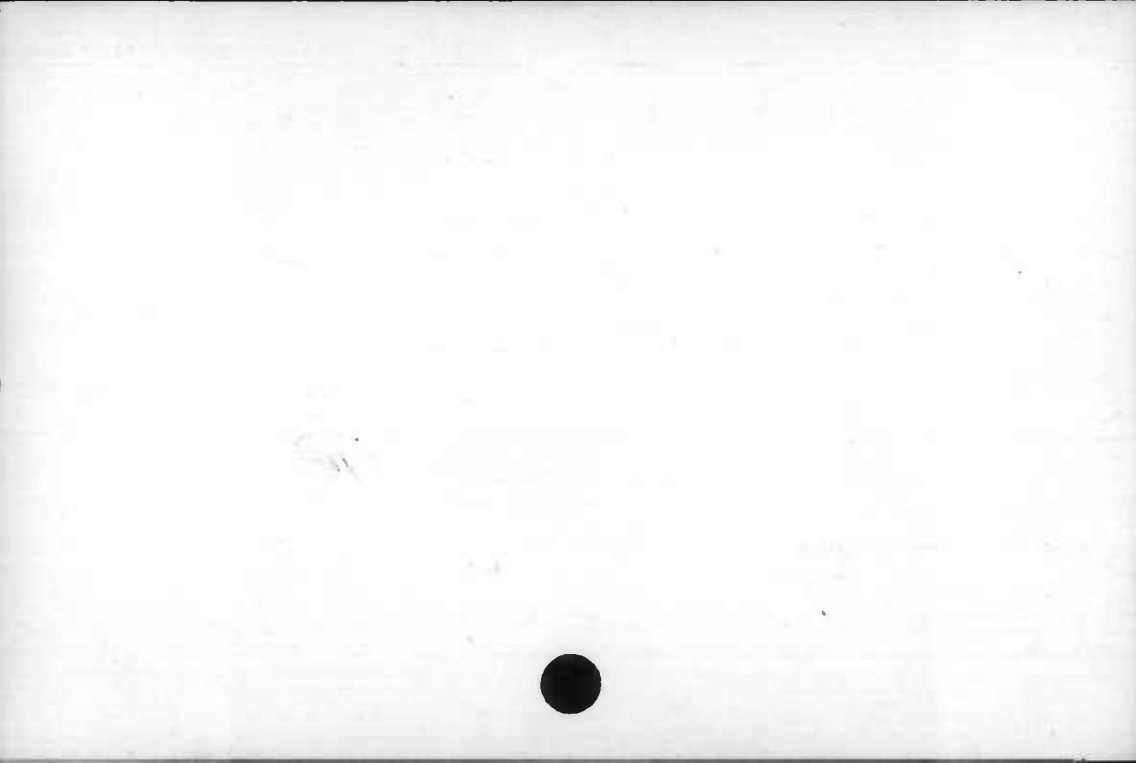
Died near <u>La Grappe</u> <sup>Town</sup>		<u>Salisbury</u> <sup>County</sup>		MARYLAND	
Date of death	1900	Month	4	Day	6
Age	66	Years	66	Months	—
Sex	Female	Color or Race	White	Birth-place	Salisbury Co. Md.
Occupation	Housewife		Where Residing if not at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Harriet Pascomb Ozman		
Father's Name	Richard Sherwood		Father's Birthplace	Caroline Co. Md.	
Mother's Maiden Name	Mary Harris		Mother's Birthplace	Salisbury Co. Md.	
Name of person giving Information	H. B. Ozman		How related to deceased	Nephew	

CAUSES OF DEATH

10 ✓

PHYSICIAN  
OR CORONER

Primary	La Grappe	How long	2 weeks
Immediate	Doubtful Lobar Pneumonia	How long	2 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Joseph A. Ross M.D.
		Address	La Grappe Md.
*Accident or Suicide			





Name  
in  
Full

Henrietta Seymour

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at Oxford Town Talbot County

Date of death 1900 Apr. Month 18 Day 61 Age 9 Months — Days

Sex Female Color or Race white Birth-place Talbot Co.,

Occupation Housewife Where Residing if not at place of death —

Married, Single or Widowed married Name of Wife or Husband Alexander Seymour

Father's Name George Robinson Father's Birthplace Talbot Co. Md.

Mother's Maiden Name Sarah M. Mahan Mother's Birthplace Talbot Co.

Name of person giving information Chas. A. Seymour How related to deceased Son

## CAUSES OF DEATH

(10) ✓

PHYSICIAN  
OR CORONER

Primary Grippe How long 2 1/2 weeks

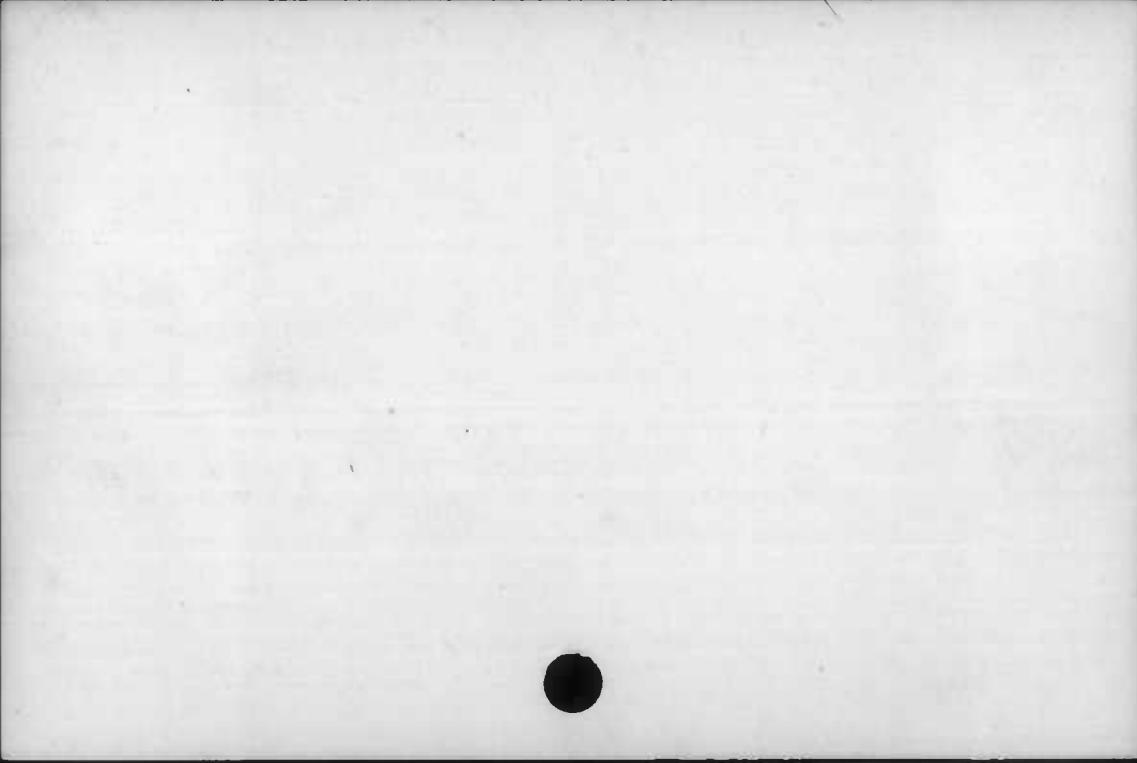
Immediate Enteric-Colitis How long 2 weeks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Wm S. Seymour

Address Talbot Md

Accident or Suicide? no



Name  
in  
Full

## CERTIFICATE OF DEATH

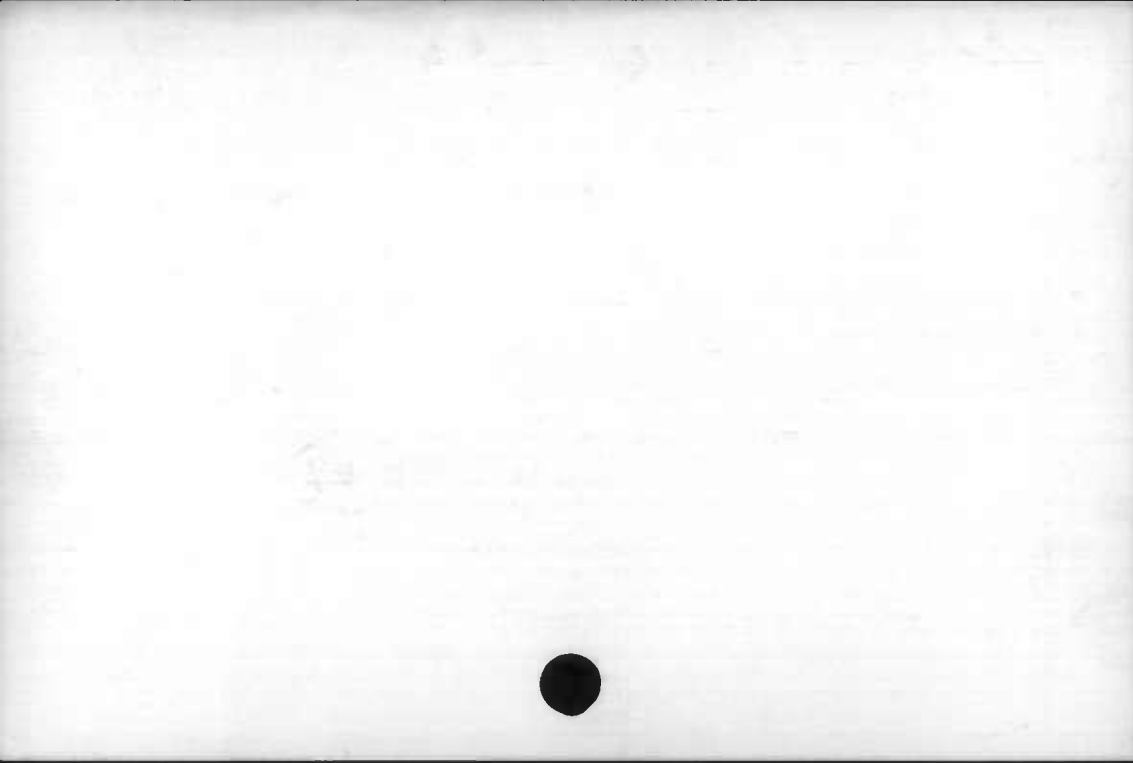
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>St Michaels</i> <sup>Town</sup> <i>Talbot</i> <sup>County</sup>		MARYLAND	
Date of death 19 <i>10</i> <sup>Month</sup> <i>April</i> <sup>Day</sup> <i>27</i> <sup>Years</sup> <i>14</i> <sup>Months</sup> <i>6</i> <sup>Days</sup> <i>2</i>	Age		
Sex <i>Male</i>	Color or Race <i>Black</i>	Birth-place	<i>St Michaels, Md.</i>
Occupation <i>School boy</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Isaac Spencer</i>	Father's Birthplace <i>Talbot Co.</i>		
Mother's Maiden Name <i>Susie Chaney</i>	Mother's Birthplace <i>Talbot Co.</i>		
Name of person giving Information <i>Susie Speer</i>	How related to deceased <i>Mother</i>		

## CAUSES OF DEATH

**27** ✓PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>2 mo.</i>
Immediate <i>Respiratory failure</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Storer M.D.</i>
<i>No</i>	Address <i>St Michaels Md.</i>
Accident or Suicide	



Name  
in  
Full

Samuel S Swede

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

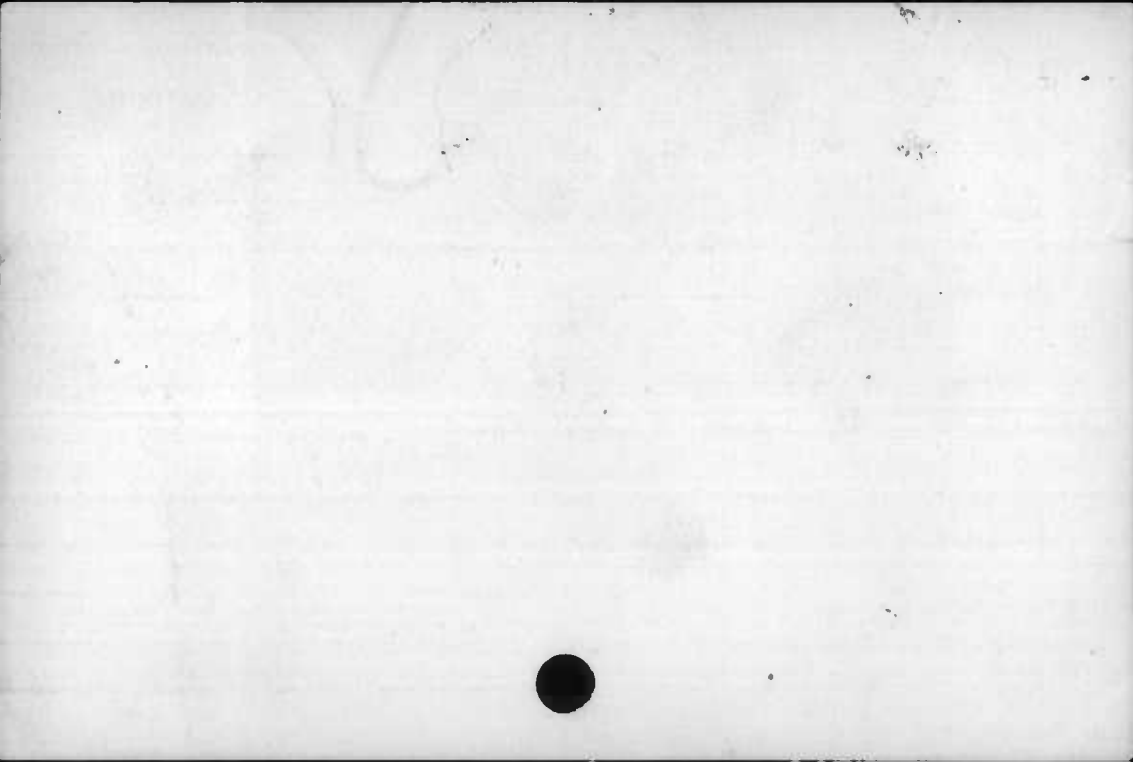
Died at <i>Belvue</i> Town		<i>Talbot</i> County		MARYLAND	
Date of death	<i>1900</i>	Month <i>apr</i>	Day <i>21</i>	Years <i>23</i>	Months <i>2</i>
Sex <i>Male</i>		Color or Race <i>colored</i>		Birth-place <i>Somerset co</i>	
Occupation <i>Oyster Shucker-</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Virgie C. Swede</i>			
Father's Name <i>Saml. Swede Sr</i>		Father's Birthplace <i>Somerset co</i>			
Mother's Maiden Name <i>Kate Ashby</i>		Mother's Birthplace <i>Somerset co</i>			
Name of person giving information <i>Virgie C. Swede</i>		How related to deceased <i>wife.</i>			

## CAUSES OF DEATH

28 ✓

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis of Lung</i>	How long	<i>10 months</i>
Immediate	<i>Hemorrhage</i>	How long	<i>a day or less</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Saml E. Tucker</i>	
		Address <i>Royal Oak Ga</i>	
Accident or Suicide? <i>J</i>			



Name  
in  
Full

Frances A Tarbuter

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		April	24	32		4	6
Sex	Female	Color or Race	White		Birth-place	Howard Co Md	
Occupation	house wife		Where Residing if not at place of death		St Michaels		
Married, Single or Widowed	married		Name of Wife or Husband		Chas W Tarbuter		
Father's Name	Chas T Barnett				Father's Birthplace	Howard Co	
Mother's Maiden Name	Mararet Marshall				Mother's Birthplace	Talbot Co	
Name of person giving information		Chas W Tarbuter		How related to deceased		Husband	

CAUSES OF DEATH

130 ✓

PHYSICIAN  
OR CORONER

Primary	How long
Immediate	How long
Endometritis -	6 Days
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	R. A. Dodson: James Hope
	Address
	St Michaels
Accident or Suicide	Talbot Co. Maryland





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

*Exeter* Town

*Talbot* County

MARYLAND

Date

of death

*1960 April*

Month

*5* Day

Age

Years

*89*

Months

*9*

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*210*

Occupation

*Housewife*

Where Residing if not  
at place of death

*Exeter*

Married, Single  
or Widowed

Name of Wife or  
Husband

*James Sample*

Father's  
Name

*Unknown*

Father's  
Birthplace

*—*

Mother's  
Maiden Name

*Unknown*

Mother's  
Birthplace

*—*

Name of person giving  
Information

*J. F. Sample*

How related  
to deceased

*Nephew*

CAUSES OF DEATH

*(64)*

Primary

*Infirmities of the age*

How long

*—*

Immediate

*Cerebral Hemorrhage*

How long

*4 days*

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

*Chas F. Donahoe*

Address

*Exeter*

*MD*

PHYSICIAN  
OR CORNER

Accident or Suicide



Name  
in  
Full

Louisa E. Thomas

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> St Michael <sup>County</sup> Talbot — MARYLAND

Date of death 1910 Apr 14 Age 51 Months 7 Days 24

Sex Female Color or Race Cloud Birth-place Talbot Co.,

Occupation Child Where Residing if not at place of death Same

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Al. Wilber Thomas Father's Birthplace Talbot Co.,

Mother's Maiden Name Talbot M. Mitchell Mother's Birthplace Talbot Co.,

Name of person giving Information Father Thomas How related to deceased Father.

CAUSES OF DEATH

61

PHYSICIAN  
OR CORNER

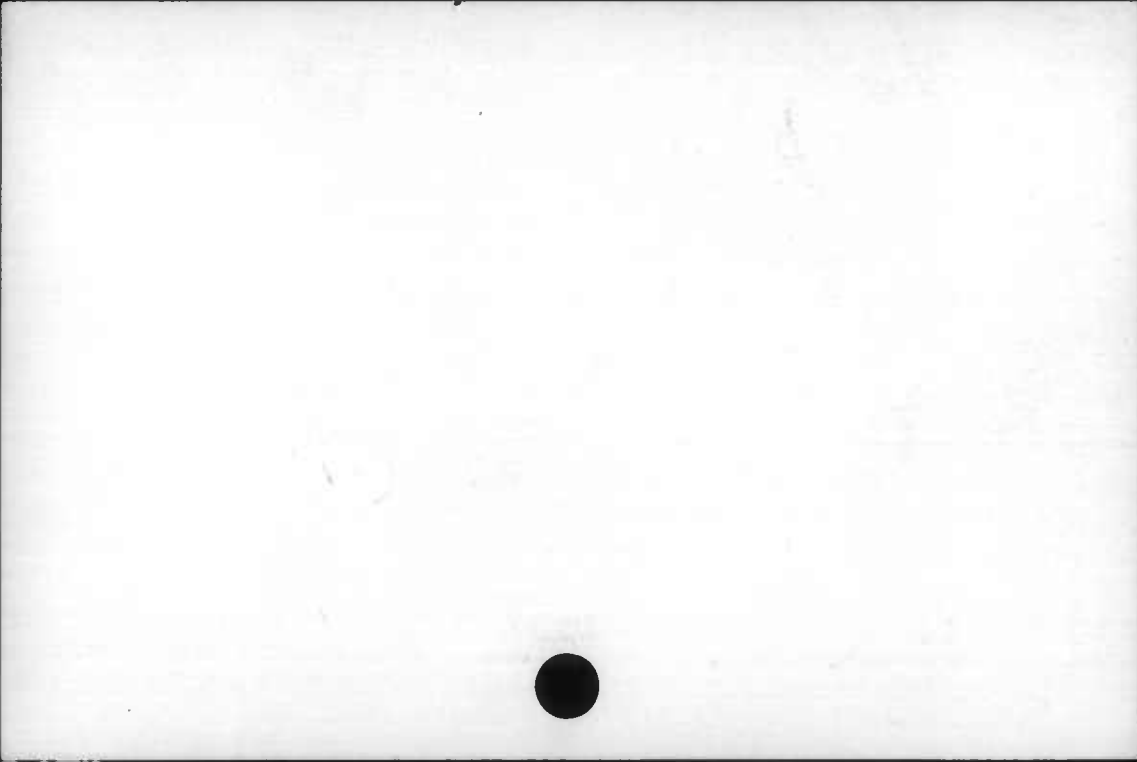
Primary Meningitis How long 2 wks

Immediate Cerebral atrophy

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Al. J. B. Smith, Address St Michael, Md.

Accident or Suicide No



Name  
in  
Full

Emma Warner

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Years	Month	Day	
1900		Apr	28	Age	20		
Sex	Female	Color or Race	Black	Birth-place	Hittman Md		
Occupation	Servant			Where Residing if not at place of death		"	"
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	William Warner			Father's Birthplace	Taffer Md		
Mother's Maiden Name	Lizzie Johnson			Mother's Birthplace	Hittman Md		
Name of person giving information	Charles C. Cooper			How related to deceased	Brother		

CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	Pulmonary Tuberculosis	How long	2 mos
Immediate	As Thymia	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		J. Kennedy Wilson	
Address		Tilly Hittman Md	
Accident or Suicide			



Name  
in  
Full

Lois M. Watkins

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1900		April	15	27		4	4
Sex		Color or Race		Birthplace			
Male		Colored		Somerset Co Md			
Occupation		Where Residing if not at place of death					
Laborer							
Married, Single or Widowed		Name of Wife or Husband					
Single		Alice Watkins					
Father's Name		Father's Birthplace					
Thos P. Watkins		Somerset Co Md					
Mother's Maiden Name		Mother's Birthplace					
Lena J. Watkins		Pocomoke City Md					
Name of person giving information		How related to deceased					
Alice Watkins		Wife					

CAUSES OF DEATH

119

PHYSICIAN  
OR CORONER

Primary	Inflammation of Kidneys	How long	Two months
Immediate	Pneumonia	How long	4 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		J. M. E. E. M. M.	
Address		Oxford Md	
Accident or Suicide?			





Name  
in  
Full

Frank Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Tilghman		County Talbot		MARYLAND	
Date of death		Month	Day	Years	Months	Days	
1940		Apr -	3 -	Age About 40			
Sex		male		Color or Race		Black	
Occupation		Opsto Shucker		Birth-place		Morion Station	
Where Residing if not at place of death		Morion Station					
Married, Single or Widowed		married		Name of Wife or Husband		Lucy Whittington Williams	
Father's Name		Not Known		Father's Birthplace		Not Known	
Mother's Maiden Name		Not Known		Mother's Birthplace		Not Known	
Name of person giving Information		Ambrose Griffin		How related to deceased		No relation	

## CAUSES OF DEATH

Primary

Accidental Drowning

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. K. Wilson

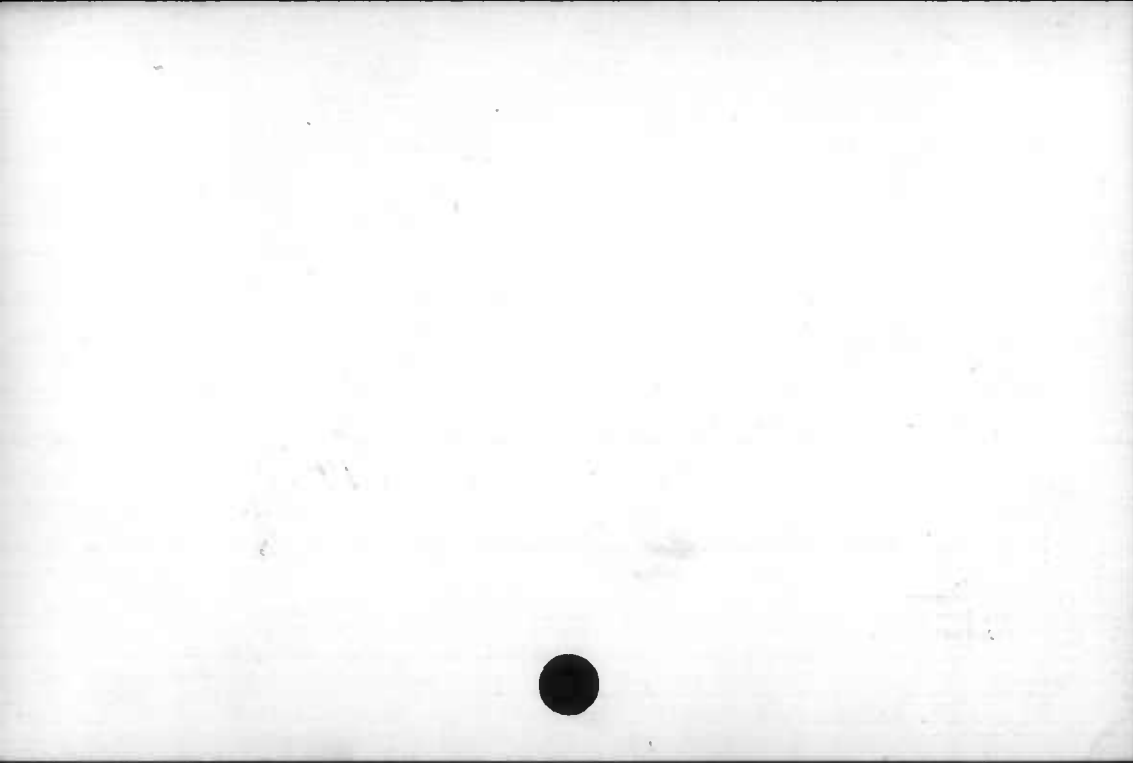
Tilghman

Md

Accident or Suicide

no

PHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Lewis Wilson</i>		Town <i>Easton</i>		County <i>Talbot</i>		MARYLAND	
Died at <i>Easton</i>		Month <i>April</i>		Day <i>25</i>		Years <i>24</i>	
Date of death <i>1900</i>		Age <i>24</i>		Months		Days	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Talbot Co</i>			
Occupation <i>Farmer</i>		Where Residing if not at place of death <i>Easton</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Adison Newman</i>		Father's Birthplace <i>Talbot Co</i>					
Mother's Maiden Name <i>Jillie Wilson</i>		Mother's Birthplace <i>Talbot Co</i>					
Name of person giving Information <i>William Green</i>		How related to deceased <i>Friend</i>					

## CAUSES OF DEATH

28

PHYSICIAN  
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>3 years</i>
Immediate	<i>Hemorrhage from lungs</i>	How long	<i>died suddenly</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>John B. Fairbank</i>	
		Address <i>Easton Md.</i>	
Accident or Suicide		Coroner <i>Coroner</i>	

